FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996	Co Wit Co	DIVISION OF CORPORATIONS			
OCUMENT #	H05286	(0)			
BEGAR, INC.					
ipal Place of Business	Ma	iling Address			IID BIIN BHAN BIBN BIBN BIBN BIBN BIBN BIBN
.O. BOX 30650 ENSACOLA FL 32503-1650		P.O. BOX 30650 PENSACOLA FL 32503-	1650		
				 Date Incorporated or Qualified 05/25/1984 	3a. Date of Last Report 06/07/1995
inorpal Place of Business	2a. 26	Mailing Address		4. FEI Number 59-2416672	Applied Fo
ite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition
ty & State		City & State		Election Campaign Financing Trust Fund Contribution	□ \$5.00 May Be
	28 ountry	Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to rees
25 Name and A	ddress of Current Regist		30	Florida Statutes Yes 10. Name and Address of New F	No No
			81 Name	10, realine and Nations of How I	rogistato Agent
PEEBLES, JR., GLENN	GARWOOD		82 Street Addr	ress (P.O. Box Number is Not Acceptat	ole)
636 N NAVY BLVD PENSACOLA FL 32507			83		
PENSACULA PL 32007					
			84 City		FL 85 Zip Code
AT UFRE Styriature, typolid or printed	name of registered agent and title if a OFFICERS AND DIRECT		Rogistered Agent's gnature requires	d whon reinstating) ADDITIONS/CHANGES TO OFF	DATE
DP		DELETE	1. 1 TITLE	, , , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addi
PEEBLES, JF			1.2 NAME		
ADDRESS 636 NAVY B			1.3 STREET ADDRESS		
AS PENSAGULA		["] DELETE	1 4 CITY · ST - ZIP 2 1 TITLE		Change Addi
PEEBLES, JF	R., GLENN G.		2 2 NAME		<u></u>
ADDRESS 636 NAVY B			2.3 STREET ADDRESS		
PENSACOLA	· FL	(T) DELETE	2 4 CITY - ST - ZIP		
DV PEEBLES, JA	ANE	DELETE	3 1 TITLE 3.2 NAME		Change C Addi
ADDRESS 636 NAVY B			3.3 STREET ADDRESS		
T ZIP PENSACOLA	FL		3.4 CHY-ST-ZIP		
ST		☐ DELETE	4 1 TITLE		Change Addi
PEEBLES, JA ADDRESS 636 NAVY B			4.2 NAME		
ADDRESS 636 NAVY B PENSACOLA			4.3 STREET ADDRESS 4.4 City - St - Zip		
1 2 10/10/05		DELETE	5 1 TITLE		☐ Change ☐ Addi
			5.2 NAME		
ADDRESS			5.3 STREET ADDRESS		
1-206		Fil bereze	54 CITY-ST-ZIP		
		DELFTE	6 1 TITLE 62 NAME		Change Addi
ADDRESS			63 STREET ADDRESS		
1 - ZIP			84 CITY-ST-ZIP		
do hereby certify that the info	ormation supplied with this f	ling is voluntarily furnis	hed and does not qualify for	or the exemption stated in Section 119 te and that my signature shall have the	.07(3)(k), Florida Statutes. I furthe
ath, that Lam an officer or di	rector of the corporation or	the receiver or trustee	empowered to execute this	s report as required by Chapter 607, Fi	
appears in Block 12 or Block M	I Orangeo, or on an atta		^	,	A
GNATURE: 🎺	un Dluffert	6lens	6. Pecbles, Dr	(90	04) 433 -8533
SIGN	ATORE AND TYPED OH PHINTED I	NAME OF SIGNING DEFICER	ON DIRECTOR	Date	∪aylime Phone #